

**Warrick County Health Department**  
**107 W. Locust St., Suite 204**  
**Boonville, IN 47601**

Phone: (812) 897-6105 (Ext.5)

Fax: (812) 897-6104

**Application for 2021 Food Permit: Permanent Establishment**

*All fields must be completed.*

<b>Business</b>			
Facility Name:			
Physical Address:			
Street	City	State	Zip
Mailing Address (if different):			
Street	City	State	Zip
Phone Number:		Fax Number:	
Email Address:			
Certified Food Safety Employee(s):			
Manager / On-Site Supervisor:			
Business Hours:		Number of Employees:	
Has ownership changed within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Business: <input type="checkbox"/> Permanent <input type="checkbox"/> Mobile / Temporary*			
<small>*This application is for permanent establishments only. Mobile/ Temporary facilities need to obtain the proper application.</small>			
<b>Owner</b>			
Owner Name:		Phone Number:	
Mailing Address:			
Street	City	State	Zip
Phone Number:		Fax Number:	
Email Address:			
Which address should permit be mailed to?    Facility    Owner			

Permit Fee Schedule:	
Number of Employees	Permit Fee
1 Thru 5 <input type="checkbox"/>	\$75
6 Thru 25 <input type="checkbox"/>	\$100
26 Thru 50 <input type="checkbox"/>	\$125
51 or more <input type="checkbox"/>	\$150

Amount of Fee Submitted: \$      Method of Payment: Cash\_\_\_    Check \_\_\_    Money Order: \_\_\_

**\*A late fee of \$50 will be charged for applications received after the deadline of February 28 for renewal.\***

Signature\_\_\_\_\_

Date\_\_\_\_\_

Printed Name\_\_\_\_\_

Title\_\_\_\_\_

For office use only: Permit#\_\_\_\_\_